

**ALABAMA BOARD OF FUNERAL SERVICE**  
**CHANGE OF OWNERSHIP APPLICATION**  
 (Submit Separate Application for each Establishment)

Mail to: P.O. Box 309522  
 Montgomery, AL 36130

From: \_\_\_\_\_  
 (Name of Funeral Establishment)

Bus. Address: \_\_\_\_\_  
 (Street & No.) (City) (State) (Zip) (Tel. No.)

Mailing Address: \_\_\_\_\_

Name of Establishment and Owner that is being bought out:

Application is hereby submitted for change of ownership for a FUNERAL ESTABLISHMENT under the provisions of Section 34-13-111, Code of Alabama, for the fiscal year ending September 30, 20\_\_\_\_. Attached hereto is the Change of Ownership fee of **\$250.00** and a redacted copy of the **Assets Purchase Agreement**. Applicant has read and understands and agrees to abide by the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which governs the issuance of the License requested.

In support of this application, the following data is submitted and attested:

1. The name and address of the Funeral Establishment requesting to be licensed is stated above.

2. MANAGING FUNERAL DIRECTOR: \_\_\_\_\_  
 (NAME) (LICENSE #)  
 \_\_\_\_\_  
 (STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

3. MANAGING EMBALMER: \_\_\_\_\_  
 (NAME) (LICENSE #)  
 \_\_\_\_\_  
 (STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

4. The Funeral Establishment is owned by (circle appropriate) **INDIVIDUAL PROPRIETOR** **PARTNERSHIP** **CORPORATION** **L.L.C**

5. If **INDIVIDUAL PROPRIETOR OR PARTNERSHIP**, give name and address of each owner:

|        |           |        |         |       |         |
|--------|-----------|--------|---------|-------|---------|
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |

If more than t, add under "Remarks" or attach a separate sheet of paper.

If **CORPORATION** or **LLC**, give corporate name and list officers: \_\_\_\_\_  
 Officers: (Corporate Name)

|        |           |        |         |       |         |
|--------|-----------|--------|---------|-------|---------|
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |
| (NAME) | (ADDRESS) | (CITY) | (STATE) | (ZIP) | (PHONE) |

State, county, and date of incorporation: \_\_\_\_\_  
 (STATE) (COUNTY) (DATE)

6. Will this Establishment sell Pre-Need Funerals? ☐ YES ☐ NO

If YES, The Certificate of Authority License Number must be provided before an establishment license can be issued.

C.O.A License No. \_\_\_\_\_

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7. Will embalming occur at this establishment? ☐ YES ☐ NO If No, list the establishment name where embalming will occur:

\_\_\_\_\_  
If embalming will not occur at this establishment, I certify that the establishment has a holding room that meets the following requirements: under the same ownership as the embalming facility; is within a 25 mile radius of the embalming facility located in this state; non-porous floors and walls; hot and cold running water; equipped with a aspirator, trocar, nasal tube aspirator, aspirating hoses, and adequate drainage; containers for soiled linen, clothing, and waste disposal; and adequate lighting.

8. Have there been any changes to the Establishment physical structure or layout since the last Inspection? ☐ YES ☐ NO
9. I certify that the Establishment and the physical plant, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.
10. I certify that the Establishment has a sanitary properly equipped embalming room with a sanitary floor and necessary drainage and ventilation and containing hot and cold running water containing necessary approved tables, instruments and supplies for the preparation and embalming of dead human bodies. If this Establishment will be utilizing Centralized Embalming it must meet all requirements prescribed by the Board.

The Establishment has at least one properly licensed funeral coach or hearse equipped for transporting casketed human remains.

The Establishment has a room suitable for public viewing or other funeral service that is able to accommodate a minimum of 100 people.

The Establishment has an arrangement office.

The Establishment has a display room containing a stock of adult caskets and funeral supplies displayed in full size, cuts photographs, or electronic images.

11. The Establishment is made of \_\_\_\_\_ construction. The approximate square footage of the main building is \_\_\_\_\_.
12. I certify that I am (owner) a citizen of the United States or legally present in the United States? ☐ YES ☐ NO
13. It is proposed that the Establishment will be opened on or about the date of \_\_\_\_\_.

**I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY  
LICENSE TO REVOCATION.**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(RELATIONSHIP TO ESTABLISHMENT)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

Subscribed to and before me, a \_\_\_\_\_ in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary  
Seal

\_\_\_\_\_  
(NOTARY)

My commission expires \_\_\_\_\_

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**COMPLIANCE REQUIREMENTS**

*(This original form and required attachments must be submitted with your application.)*

**IMMIGRATION:**

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see the reverse side of this form for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, staple a copy of the selected document(s) to this form and submit it with your application. **COMPLETE THE REVERSE SIDE.**

**CONFIRMATION OF PREFERRED MAILING AND E-MAIL ADDRESSES:**

Please fill out the information below. **PLEASE PRINT LEGIBLY.**

**ESTABLISHMENT Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(Owner or Individual who will be signing application and renewal notices. )

**Preferred Address:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

I certify under penalty of perjury that all representations made on this form and attachments are true and accurate.

**REQUIRED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ABFS USE ONLY**

**DR** \_\_\_\_\_ **DF** \_\_\_\_\_

**License(s) #:** \_\_\_\_\_ **EST #:** \_\_\_\_\_

**INT:** \_\_\_\_\_

**Notes:**

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*Check the appropriate section for US citizen or non-citizen, **and** check the document that you are submitting to prove US citizenship or lawful presence in the US.*

**NAME:** \_\_\_\_\_

\_\_\_\_\_ **I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship:**

- \_\_\_\_\_ Driver's License or Non-driver's Identification (ID) card issued by Alabama (AL) Dept of Public Safety or equivalent governmental agency of another state within US, provided that the governmental agency of another state requires proof of lawful presence in US as condition of issuance
- \_\_\_\_\_ Birth Certificate indicating birth in US or one of its territories
- \_\_\_\_\_ Pertinent pages of a valid or expired US Passport identifying the person and person's passport number, or the person's US passport
- \_\_\_\_\_ US Naturalization documents or number of the certificate of naturalization
- \_\_\_\_\_ Other documents or methods of proof of US citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
- \_\_\_\_\_ Bureau of Indian Affairs card number, tribal treaty card number or tribal enrollment number
- \_\_\_\_\_ Consular report of birth abroad of a citizen of the US
- \_\_\_\_\_ Certificate of citizenship issued by the US Citizenship and Immigration Services
- \_\_\_\_\_ Certification of report of birth issued by US Dept of State
- \_\_\_\_\_ An American Indian card, with KIC classification, issued by US Dept of Homeland Security
- \_\_\_\_\_ Final adoption decree showing person's name and US birthplace
- \_\_\_\_\_ Official US military record of service showing applicant's place of birth in the US
- \_\_\_\_\_ Extract from a US hospital record of birth created at the time of the person's birth indicating the place of birth in the US
- \_\_\_\_\_ AL-verify
- \_\_\_\_\_ Valid Uniformed Services Privileges and ID Card
- \_\_\_\_\_ Other form of ID that the AL Dept of Revenue authorizes, through an administrative rule promulgated pursuant to the AL Admin Procedure Act, to be used to demonstrate or confirm a person's US citizenship or lawful presence in US as condition of issuance

\_\_\_\_\_ **I am NOT a United States Citizen. I am submitting the attached copy of my document to prove lawful presence:**

- \_\_\_\_\_ Valid, unexpired (a) Alabama driver's license or (b) Alabama non-driver ID card
- \_\_\_\_\_ Valid tribal enrollment card or other form of tribal ID bearing a photograph or other biometric identifier
- \_\_\_\_\_ Any valid US federal or state government issued ID document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and ID Card if issued by an entity that requires proof of lawful presence in US before issuance. Please specify \_\_\_\_\_
- \_\_\_\_\_ Foreign passport with an unexpired US Visa and a corresponding stamp or notation by the US Dept of Homeland Security indicating the bearer's admission to the US
- \_\_\_\_\_ Foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay annotation or an I-94W form by US Dept of Homeland Security indicating bearer's admission to US